

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE: Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED			2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-101		
COMMISSIONED OFFICER - REGULAR ARMY			3. GRADE FOR WHICH APPLYING (Reserve appointments only) O-1		
<input checked="" type="checkbox"/> COMMISSIONED OFFICER - ARMY RESERVE			4. SOURCE OF APPLICATION (ROTC only)		
WARRANT OFFICER - REGULAR ARMY			DMG DATE DESIGNATED:		
WARRANT OFFICER - ARMY RESERVE			SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:		
OFFICER CANDIDATE SCHOOL			5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)		
6. BRANCH AND SPECIALTY PREFERENCES			a. MOS CODE		
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.			b. MOS TITLE		
USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.					
PERSONAL DATA					
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle) (Explain variations from birth certificate in Item 41) APPLICANT, JOHN QUINCY		8. GRADE E-5
	AD		10. BRANCH (MOS if not or w/o)	11. TOTAL YRS ACTIVE SERVICE 3	9a. SOCIAL SECURITY NUMBER 123-45-6789
	AG		12. MARITAL STATUS S	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 0	9b. SELECTIVE SERVICE NUMBER
	AR		14. DATE OF BIRTH 27 Mar 73	15. PLACE OF BIRTH (City, county, state) Baltimore, Baltimore, MD	16. SEX M
	AV		17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) 123d CSH That place, WV 20000		PHONE AND/OR AUTOVON NUMBER (310) 555-1313
	CA		18. PERMANENT ADDRESS (Include ZIP Code) 1203 MAIN Street Anytown, PA 19000		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)
	CM		PHONE (Include area code) (215) 555-1212		PHONE (Include area code)
	EN		20. US CITIZEN <input checked="" type="checkbox"/> YES	a. NATIVE <input checked="" type="checkbox"/> YES	b. <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> DERIVED
	FA		<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT
	FI		c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)		
	IN		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)		
	MI		a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. NAME AND LOCATION OF HIGH SCHOOL Rickford High School, Perryville, MD	
	MP		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)	(1) DEGREE	(2) SEMESTER CREDITS EARNED
	OD		Podunk C.C. Portland ME	AA	15
	QM		Proxy State U. Retuma WA	AA	60
	SC				91
	SS				96-97
	TC				
	AN				
	CH				
	DE				
	JA				
	MC				
	MS				
1	SP	65D	d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC.	e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41 (Remarks)) No	
	VC				
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED					
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)	
NCO Academy		PLDC		FROM TO YES NO	
				05 95 06 95	
d. IF NOT COMPLETED GIVE REASON					
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY				b. ALAT SCORE (If applicable)	

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY

BARS OF WHICH YOU ARE A MEMBER (Specify dates)

35. APPLICANTS FOR
CHAPLAINS BRANCH ONLYRELIGIOUS DENOMINATION BY
WHICH YOU WILL BE ENDORSED

36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY

a. TRAINING		b. NAME AND LOCATION OF HOSPITAL	c. DATES (Month and Year)	
LEVEL	TYPE		FROM	TO
INTERNSHIP				
RESIDENCY TNG				
SPECIALTY TNG				

d. SPECIALTY BOARDS

e. DATES OF CERTIFICATION (Day, Month, Yr)

f. PLACE IN WHICH CURRENTLY LICENSED

37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY

a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL		b. LOCATION	
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER	
FROM	TO	e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)	
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)			
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3) SEMESTER CREDITS	(4) DATES OF ATTENDANCE (Month, Year)
			FROM TO

38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)
☐ YES ☐ NO

39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)

SUCCESSFULLY COMPLETED ARMY ROTC PROGRAM AS FOLLOWS

COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING
	FROM	TO	
a. BASIC			(1) INSTALLATION (Basic) COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger) COMPLETION DATE (Month, Year)

40. MAIN CIVILIAN EMPLOYMENT

a. NAME AND ADDRESS OF EMPLOYER County Community Hospital Sick Ave, Springfield VA	b. JOB TITLE Medical Surgical Technician	c. MONTH AND YEAR	
		FROM 6-97	TO Present.
b. PRINCIPAL DUTIES (Describe briefly) Assist in treatment of patients in Adult ER.			

41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)

42. THE INFORMATION CONTAINED HEREIN IS TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

2 Jun 98

SIGNATURE OF APPLICANT

John D. Applicant

PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR (RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE

BRANCH FOR ASSIGNMENT

SIGNATURE AND GRADE (PMS)

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 361-5)

a. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE